VARIANCE # 18-12-02	13975
SBC PROJECT #	, <del>, , , , , , , , , , , , , , , , , , </del>
PROJECTNAME Palermo Const	ruction Fire Detection
SIGNATURES /	APPROPRIATE CODE/SECTION
PLANS	LBO NOTIFICATION
HOTEICATION OF COMM MEETING	LEO NOTIFICATION
CONTACT/DATE	
SC: called about LBULFO a flipping Section 7 on 2nd po	ecknowledgments 6
flipping Section 7 on 2nd po	st application
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STAFF COMMENTS



### APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

# INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assigned by department)		
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usu	ally this is the owner)		
Name of applicant	Title OWNST		
Name of organization  Address (number and street, city, state, and ZIP code)	Telephone number (34) (609-220 )		
358E. 419 E.T.IIRd PORTLANCE TIV	46896		
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by	the applicant)		
Name of applicant	Title		
Name of organization	Telephone number		
Address (number and street, city, state, and ZIP code)			
3. DESIGN PROFESSIONAL OF RECORD (If applicable)			
Name of design professional	License number		
Name of organization	Telephone number		
Address (number and street, city, state, and ZIP code)			
4. PROJECT IDENTIFICATION			
Name of project	State project number County Aller		
Address of site (number and street, city, state, and ZIP code) 33/8 Export ac St. toct wayne IN 40803			
Type of project  ☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy	Existing		
5. REQUIRED ADDITIONAL INFORMATION			
The following required information has been included with this application (check as applicable):			
A check made payable to the Indiana Department of Homeland Security for the appropriate amou  One (1) set of plans or drawings and supporting data that describe the area affected by the reque			
Written documentation showing that the local fire official has received a copy of the variance appl Written documentation showing that the local building official has received a copy of the variance			
6. VIOLATION INFORMATION  Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?			
Yes (If yes, attach a copy of the Correction Order.)  Has a violation been issued?			
☐ Yes (If yes, attach a copy of the Violation and answer the following.) ☐ No			
Violation issued by:  U local Building Department  State Fire and Building Code Enforcement Section	☐ Local Fire Department		

7. DESCRIPTION OF REQUESTED VARIANCE				
ideme of code or standard and edition involved  Light Stranger Con Control Con	Cinto 1	pecific code section	W1, 8	
Nature of non-compliance (Inglude a description of spaces, equipme	ent, etc. involved as ned +   Dut     Stout	cessery.)	istingalarm,	
	an old 5x57	(	es removed	
years ago prior to my purch	nse of b	ldq,		
P. DEMONSTRATION TV		<u> </u>		
B. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, Select one of the following statements:	, AND WELFARE W	ILL BE PROTECTED		
Non-compliance with the rule will not be adverse to the	public health, safety	y or welfare; or		
Applicant will undertake alternative actions in lieu of co public health, safety, or welfare. Explain why alternativ	omnliance with the cui	lo to one of the state of the	g of the variance will not be adverse to	
Facts demonstrating that the above selected statement is true:  PEULOUS CONST-Unich Chemi Pression IS COMITAN INCIDE DOUNT	7 1 . / \( \) . \( \)	ν70'<		<del></del>
We purchased bog in 11-17-03,	, Prior to	that blog is	as vacant-for	1 l
many years, Bleanach new root put on in old (and all new electrica) in 2017. Blea is 10,000 sq.ft block (aldquith steel root It Isnolog used for manufaction in 12 to strict who was housing				
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTOR	RICALLY SIGNIFICA	NT STRUCTURE	ehousing	
Select at least one of the following statements:				
Imposition of the rule would result in an undue hardship (	(unusual difficulty) bed	cause of physical limitation	ons of the construction site or its utility serv	ices,
Imposition of the rule would result in an undue hardship (	<i>'unusual difficulty)</i> bed	cause of major operation	al problems in the use of the building or str	ucture.
Imposition of the rule would result in an undue hardship (	<i>'unusual difficulty)</i> bed	cause of excessive costs	of additional or altered construction eleme	nts.
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.				
Facts demonstrating that the above selected statement is true:				
				i
10. STATEMENT OF ACCURACY				
hereby certify under penalty of perjury that the information	ation contained in	this application is acc	urolo	
Signature of applicant of person submitting application	Please print na			
LM Valerio	T.C.C	Talana 7	Date of signature (month, day,	year)
Signalure of design professional (If applicable)	Please print na	me	Date of signature (month, day,	veer)
( CTATEMENT OF AMERICA				` '
1. STATEMENT OF AWARENESS (If the application is su	ubmitted on the app	olicant's behalf, the ap	olicant must sign the following statem	ent.)
hereby certify under penalty of perjury that I am aware of			olication is being submitted on my beha	alf.
ignatura of applicant	Piease print nar	alecon	Date of signature (month, day, )	year)
118		, · · · · · · · · · · · · · · · · · · ·	1100	

	coefficient code section  Concertrom 2018 I  Sessary)  Stand to non exist  System that was  of bldg.	ntemational fire Co ting alarm, stemoved
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE W	ILL BE PROTECTED	
Select one of the following statements:	u or welfere or	ļ
Non-compliance with the rule will not be adverse to the public health, safe	-	on will not be adverse to
Applicant will undertake alternative actions in lieu of compliance with the rupublic health, safety, or welfare. Explain why alternative actions would be		ce will flot be adverse to
Facts demonstrating that the above selected statement is true: Previous owners - Ulrich Chemical Inc Previous acompany made paint in 60's +7 We purchased blog in 11-1703. Prior to many years, Blog blad hero roof put to in 2017. Blog is 1000 sq. ft block blog with user for manufacturing but stolerly	32/02/1/2/1	new stattica l
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFIC	ANT STRUCTURE	
Select at least one of the following statements:  Imposition of the rule would result in an undue hardship (unusual difficulty) b  Imposition of the rule would result in an undue hardship (unusual difficulty) b  Imposition of the rule would result in an undue hardship (unusual difficulty) b  Imposition of the rule would prevent the preservation of an architecturally or	ecause of major operational problems in ecause of excessive costs of additional of	the use of the building or structure, or altered construction elements,
Facts demonstrating that the above selected statement is true:		
10. STATEMENT OF ACCURACY		
I hereby certify under penalty of perjury that the information contained	in this application is accurate.	
Signature of applicant of person submitting application  Please prin  Signature of design professional (if applicable)  Please prin	Palermo	Date of signature (month, day, year)  1/- 6 -/ {  Date of signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is submitted on the	pplicant's behalf, the applicant mus	t sign the following statement.)
I hereby certify under penalty of perjury that I am aware of this request for	variance and that this application is b	peing submitted on my behalf.
Signature of applicant Please print	4)	Date of signature (month, day, year)
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VARIANCE # 18-12-02	13975
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STAFF COMMENTS



#### APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

## INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

302 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Variance number (Assigned by department) Attach additional pages as needed to complete this application. 1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner) Name of applicant Name of organization Address (number and street, city, state, and ZIP code 2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant) Name of applicant Telephone number Name of organization Address (number and street, city, state, and ZIP code) 3. DESIGN PROFESSIONAL OF RECORD (If applicable) License number Name of design professional Name of organization Telephone number Address (number and street, city, state, and ZIP code) 4. PROJECT IDENTIFICATION State project number Name of project Address of site (number and street, city, state, and ZIP code Type of project Existing Change of occupancy ☐ New ☐ Addition Alteration 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable): A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions) One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives. Written documentation showing that the local fire official has received a copy of the variance application. Written documentation showing that the local building official has received a copy of the variance application. 6. VIOLATION INFORMATION Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order? Yes (If yes, attach a copy of the Correction Order.) Has a violation been issued? Yes (If yes, attach a copy of the Violation and answer the following.) ☐ No Violation issued by: Local Fire Department State Fire and Building Code Enforcement Section Local Building Department

7. DESCRIPTION OF REQUESTED VARIANCE		
idame of code or standard and edition involved  Light + Stragary with the Code  Code Total Control Code	Specific code section  Oxporter 401, 8.	
Nature of non-compliance (include a description of spaces, equipment, etc. in	nvolved as necessary.)	m,
Those are the remnants of an o	ld system that was bemou	cal
years ago prior to my purchase		
DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND W     Select one of the following statements:	ELFARE WILL BE PROTECTED	
Non-compliance with the rule will not be adverse to the public h	nealth, safety or welfare; or	
Applicant will undertake alternative actions in lieu of compliance public health, safety, or welfare. Explain why alternative actions	a with the rule to enquire that granting after and	I not be adverse to
Facts demonstrating that the above selected statement is true: Previous company made paint in the purchased blog in 11-17-03, Price many vears, Blog mad new reco	or to that bldgwas vacq	int-6-
in 2017. Black 10,000 saift bused for manufacturing but	deck bldgwith steel roo strietly for warehousin	FITHISHURING
DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY Select at least one of the following statements:		7
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	amounty) because of physical limitations of the construction	on site or its utility services.
Imposition of the rule would result in an undue hardship (unusual an imposition of the rule would result in an undue hardship (unusual)	difficulty) because of major operational problems in the us	e of the building or structure.
Imposition of the rule would result in an undue hardship (unusual unusual imposition of the rule would prevent the preservation of an architecture)	ouncomy) pecause of excessive costs of additional or alten	ed construction elements.
Facts demonstrating that the above selected statement is true:	initially of a historically significant part of the building or st	tructure,
	·	
	•	
10. STATEMENT OF ACCURACY		
hereby certify under penalty of perjury that the information co	ontained in this application is accurate.	
Signature of of the state of th		f signature (month, day, year)
1/M/ Cherm	Jeff to lot mo	1,-10
Signature of design professional (If applicable)	Please print name Date o	f signature (month, day, year)
11. STATEMENT OF AWARENESS (If the application is submitted	d on the applicant's behalf, the applicant must sign	he following statement
hereby certify under penalty of perjury that I am aware of this rec	quest for variance and that this application is being so	ubmitted on my behalf.
Signature of abolicant /	Please print name Date of	f signature (month, day, year)
118	1	<u> </u>

7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition involved	Specific code seglion		
Unaber 907, 8 Frspeet tosture 4m Naturelof non-compliance (Include a description of spaces, equipment etc. in	volved as necessary.)	International tire Co	
Remove i-five detector from leiting 4	The Land	isting alarm.	
these are the remnants of ar	old system, that we	10 LEWIO 100	
years ago prior le my puite	rase or play,		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND W Select one of the following statements:	ELFARE WILL BE PROTECTED		
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Applicant will undertake afternative actions in lieu of compliance public health, safety, or welfare. Explain why alternative action	e with the rule to ensure that granting of the va is would be adequate (be specific).	riance will not be adverse to	
many years, Blog blad hero roof, in 2012, Bldg is 10000 sq, H black I	he is +70's that, bldg wa. Hor to that, bldg wa. puton in 2017 and a bldg with steel 100f. It was housing	is no longer	
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALL	Y SIGNIFICANT STRUCTURE		
Select at least one of the following statements:			
Imposition of the rule would result in an undue hardship (unusua			
Imposition of the rule would result in an undue hardship (unusua		1	
Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.  Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.			
Facts demonstrating that the above selected statement is true:	Cottainy of a motoriously digrimous k pair of the p		
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	·		
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I hereby certify under penalty of perjury that the information	contained in this application is accurate.		
Signature of applicant of person submitting application	Please print name	Date of signature (month, day, year)	
Signatura of design professional (if applicable)	Please print name	Date of signature (month, day, year)	
10/1/			
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I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.			
Signature of applicant	Please print name PALFRhy	Date of signature (month, day, year)	
( ) Al Valeres	Ser Vertino	1 2 1	

Jeff Palermo Construction LLC 419 E Till Rd Fort Wayne, IN 46825 260-489-4200

FIRST MERCHANTS BANK, N.A. 1401 W Dupont Rd Ft. Wayne, IN 46825 71-65/749

NOV 0 9

11/6/2018

PAY TO THE ORDER OF

Indiana Dept. of Homeland Security

\*\*276.00

DOLLARS

Indiana Dept. of Homeland Security Code Services Section 302 West Washington St. Rm W246 Indianapolis, IN. 46204-2739

Variance for Pontiac St. fire marshal

#\*OO3294# #\*O74900657#

Jeff Palermo Construction LLC/419 E Till Rd

Indiana Dept. of Homeland Security

11/6/2018

003294

276.00

IAB Checking

Variance for Pontiac St. fire marshal

276.00